

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 93d 12293-0

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

(1) Rebecca Curtis

(2) Fiza Curtis

7. Birth date of deceased (mo., day, yr.)

1874

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

74

St. Marys

9. Birthplace

(Town, county, and state)

Maryland

Cook

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

18. Informant

Address

19. (Date rec'd by registrar)

19

19

19

19

19

19

19

19

19

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Dowell

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 3

19

at

3 P

M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19

to

19

and that I last saw him alive on

July 19

19

48

Immediate cause of death

Chronic Myocarditis

Due to

Scurvy

Due to

Other conditions

(no doctor attending)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. S. Coster - M.D.

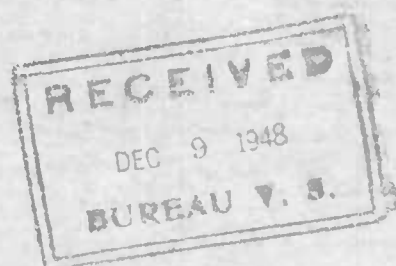
Address

Solomons, Md

M. D. or other

Date signed

12/4/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

52

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Nov. 28th to Dec. 19th

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CalvertCity or town Tracy Landing A.A.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Mr. William Garner4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or Robert Franklin Garner7. Birth date of deceased (mo., day, yr.) June 18, 1868 6. (c) If alive, give age _____ years8. AGE: Years 80 Months 6 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Mr. Wm. Boswell Sourenus13. Birthplace Anne Arundel Co., Md.14. Maiden name Miss Sally Barker15. Birthplace Calvert Co., Md.16. Informant Mr. Fred SchrienerAddress Tracy Md.17. Burial Dec 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. James A.A.C.Location Tracy Landing18. Funeral director Wm. H. HutchinsAddress Cwings Md.19. Dec 20, 1948
(Date rec'd by registrar) Registrar Rose L. Hutchins

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19, 1948 at 4:30 PM21. I CERTIFY that death occurred on the date above stated; that it attended deceased from 1 Dec 1948 to 12/18 19 48
and that I last saw him alive on 12/18 19 48

Immediate cause of death _____

Ca. of head cancer

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. [Signature]Address Huntingtown Md Date signed 12/20/48

MARGIN RESERVED FOR BINDING

VS A15

9.45.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 29 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

12295

83a

1. PLACE OF DEATH:

County Hospital
 City or town Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Benj. Jones

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

Lula Jones

7. Birth date of deceased (mo., day, yr.)

Nov 8 - 18926. (c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

56

...hrs. ...min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
 MOTHER

12. Name

George Jones

13. Birthplace

Md

14. Maiden name

Sarah Jones

15. Birthplace

Md

16. Informant

Lula Jones

Address

Patuxent

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

12-24-48
(month) (day) (year)

Cemetery or crematory

Patuxent

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick, Md.

19.

12-23

19

48N.W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Princetown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

12/21

19

48 at 2:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/17

19

48to 12/21

19

48

and that I last saw him alive on

12/21

19

48

Immediate cause of death

Cerebral Accident

DURATION

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]

M. D. or other

Address

Princetown

Date signed

12/21/48

RECEIVED

JAN 5 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12296

Reg. Dist. No.

1. PLACE OF DEATH
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 Virginia Holmes Marable
 3. (b) Social Security Number

4. Sex
 5. Color or race
 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)
 8-9-1929
 5. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
 19 3 26 hrs. min.

9. Birthplace
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal, Which?

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. Dec. 5 1948

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1948 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

12/5/48

1929-8-9

1948-72-2
19-3-26

RECEIVED
DEC 14 1948
BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

12297

51

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hosp.How long in hospital or institution? 3 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CalvertCity or town Barstow
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

ROBINSON - David Benjamin

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed or divorced

M

6.(b) Name of husband or wife

Clara Robinson

7. Birth date of deceased (mo., day, yr.)

Feb. 7, 18596.(c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

89107

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

H.W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8-48 19 48 at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1948 to Dec 8, 1948and that I last saw him alive on Dec 8, 1948Immediate cause of death Coronary artery occlusion

DURATION

Due to Hypertensive + arteriosclerotic cardiovascular disease20 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

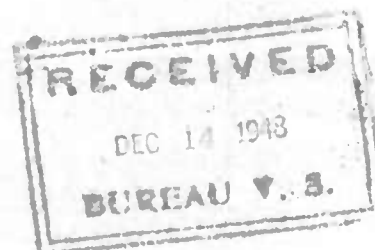
Manner of injury Injured at work?

23. SIGNATURE

H.R. Brashear Jr. M.D.

M.D. or other

Address Prince Frederick Date signed 12-9-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

12298

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Owings
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Owings
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Mary Taylor

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife John Taylor7. Birth date of deceased (mo., day, yr.) Oct 14, 1900 6. (c) If alive, give age 41 years8. AGE: Years 48 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace md
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Travis Smith13. Birthplace md14. Maiden name Madora Lee15. Birthplace md16. Informant John TaylorAddress Owings, md17. Burial Date thereof 12-22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Carters ChapelLocation Calvert County18. Funeral director P.E. SewellAddress Prince Frederick md19. 12-21-48 H.W. Ward
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 19 48, at 6:30 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/15 to 12/19 19 48and that I last saw him alive on 12/19 19 48Immediate cause of death Cerebral accidentDue to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings at operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. W. Ward M.D. or other _____Address Calvert County Date signed 12/21/48

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JAN 5 1949

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12299

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Hospital
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

8 days

3. (a) FULL NAME

Ella Toy

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

7-11-1880

8. AGE:

Years

Months

Days

If less than one day

68

hrs.

min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Calah Toy

13. Birthplace

md.

MOTHER

14. Maiden name

Harriet White

15. Birthplace

md.

16. Informant

Hospital

Address

Prince Frederick md.

17.

Burial

(Burial, cremation, or removal, Which?)

Date thereof

12-27-48

(month) (day) (year)

Cemetery or crematory

Carrolls

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick md.

19.

12-27-48

(Date rec'd by registrar)

H. W. Calah

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, a residence of mother)

State

md.

County

Calvert

City or town

Barstow md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 24

19 48

at

11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Uremia

DURATION

Due to

Heart failure

Due to

Other conditions

Generalized arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. E. Sewell

M. D. or other

Address

St. Remond

Date signed

Dec 24

RECEIVED

JAN 5 1949

BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12300 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

George D. Turner

3. (b) Social Security Number

No4. Sex M5. Color or race W6.(a) Single, married, widowed, or divorced M6.(b) Name of husband or wife Jennie Turner6.(c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) Sept. 17, 18688. AGE: Years 80 Months 2 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Calvert Co., Md
(Town, county, and state)10. Usual occupation Hotel Owner

11. Industry or business

12. Name Thomas B. Turner13. Birthplace Md14. Maiden name Pathe E. Doney15. Birthplace Md16. Informant Thomas B. TurnerAddress Prince Frederick, Md17. Burial Date thereof Dec. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium St. PaulsLocation Prince Frederick, Md18. Funeral director A. A. Harrison & SonAddress Mt. Airy, Md19. Dec 18 1948 Registrar A. A. Harrison
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1948 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to Dec. 13 1948and that I last saw him alive on Dec. 13 1948Immediate cause of death Cirrhosis of Liver

DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature Page Jett

23. SIGNATURE _____ M. D. or other _____

Address Prince Frederick Md Date signed 12-14-48

